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PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|--|----------------------|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/824,684-Conf. #8075 |                  |
|  | Filing Date          | April 15, 2004         |                  |
|  | First Named Inventor | Ryan J. BERG           |                  |
|  | Art Unit             | 2135                   |                  |
|  | Examiner Name        | T. B. Truong           |                  |
| Total Number of Pages In This Submission   | 16                   | Attorney Docket Number | 0286685.00126US1 |

**ENCLOSURES (Check all that apply)**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer (2)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1) Replacement Sheets for Figures 12 and 13; and<br>2) Return Receipt Postcard |
| <b>Remarks</b>   |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | WILMER CUTLER PICKERING HALE AND DORR LLP |          |        |
| Signature    |   |          |        |
| Printed name | Peter M. Dichlara                         |          |        |
| Date         | October 18, 2007                          | Reg. No. | 38,005 |



PTO/SB/17 (10-07)  
Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |  |                          |                        |
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| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |  | <b>Complete if Known</b> |                        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/824,684-Conf. #8075 |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | Filing Date              | April 15, 2004         |
| 655.00  |  | First Named Inventor     | Ryan J. BERG           |
|   |  | Examiner Name            | T. B. Truong           |
|   |  | Art Unit                 | 2135                   |
|   |  | Attorney Docket No.      | 0286685.00126US1       |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 08-0219   |
| Deposit Account Name: WilmerHale LLP   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                     |                         |                      |                       |
|---|---------------------|---|--------------------|---------------------|-------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                     |                         |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                     |                         |                      |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                     | <b>EXAMINATION FEES</b> |                      |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b> |                         | <b>Small Entity</b>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                | 255                 | 210                     | 105                  |                       |
| Design  | 210                 | 105   | 100                | 50                  | 130                     | 65                   |                       |
| Plant   | 210                 | 105   | 310                | 155                 | 160                     | 80                   |                       |
| Reissue   | 310                 | 155   | 510                | 255                 | 620                     | 310                  |                       |
| Provisional   | 210                 | 105   | 0                  | 0                   | 0                       | 0                    |                       |
|   |                     |   |                    |                     |                         |                      | <b>Small Entity</b>   |
|   |                     |   |                    |                     |                         |                      | <b>Fee (\$)</b>       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                     |                         |                      | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                     |   |                    |                     |                         |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                     |                         |                      | 50                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                     |                         |                      | 210                   |
| Multiple dependent claims   |                     |   |                    |                     |                         |                      | 370                   |
|   |                     |   |                    |                     |                         |                      | 185                   |
| <b>Total Claims</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Extra Claims</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Fee (\$)</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Fee Paid (\$)</b>  |                     |   |                    |                     |                         |                      |                       |
| <b>Multiple Dependent Claims</b>  |                     |   |                    |                     |                         |                      |                       |
| <b>Fee (\$)</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Fee Paid (\$)</b>  |                     |   |                    |                     |                         |                      |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                     |                         |                      |                       |
| <b>Indep. Claims</b>  |                     |   |                    |                     |                         |                      |                       |
| <b>Extra Claims</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Fee (\$)</b>   |                     |   |                    |                     |                         |                      |                       |
| <b>Fee Paid (\$)</b>  |                     |   |                    |                     |                         |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                     |                         |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                     |                         |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                     |                         |                      |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    |                     | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b> |                       |
| - 100 =   | /50 =               | (round up to a whole number) x                          |                    |                     |                         |                      |                       |
|   |                     |   |                    |                     |                         |                      | <b>Fees Paid (\$)</b> |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                     |                         |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                     |                         |                      |                       |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month   |                     |   |                    |                     |                         |                      | 525.00                |
| 2814 Statutory disclaimers (2)  |                     |   |                    |                     |                         |                      | 130.00                |

|                     |                   |                                   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                  |
| Signature           |                   | Registration No. (Attorney/Agent) | 38,005           |
| Name (Print/Type)   | Peter M. Dichiaro | Telephone                         | (617) 526-6000   |
|                     |                   | Date                              | October 18, 2007 |